



Linda McCulloch, Superintendent

Montana Office of Public Instruction
P.O. Box 202501
Helena, Montana 59620-2501
www.opi.mt.gov

LEA AIM & E-Grants
Security Coordinator Form:

The Authorized Representative (AR) is responsible for completing and submitting this information to the Office of Public Instruction. Please fax this completed form to the OPI Help Desk at 406-444-1369. If you have questions regarding this form, contact the OPI Help Desk at 406-444-3448.

Authorized Representative:

Email address:

District:

Legal Entity #:

Address:

City:

Zip Code:

Check all OPI system(s) you are requesting access to:

☐

AIM

☐

E-Grants

The person named below has been designated by the AR as the **LEA Security Coordinator**. The role of the LEA Security Coordinator is to manage user accounts for the AIM and E-Grants systems.

Name:

Phone #

Position Title:

Email address:

E-Pass account logon I.D.

I hereby certify that I am entitled to the confidential information to which I am requesting access. Further release of the information may only be done upon authorization by the person whose privacy interest is involved or it may be released to others if specifically permitted by law.

I understand that the State and Department reserve the right to monitor and log **all** network activity, with or without notice, and therefore, I should have no expectations of privacy in the use of these resources.

I have read and agree with the terms of the AIM/E-Grants security form and my signature below authorizes the LEA Security Coordinator to add the listed user(s) in the role identified.

AR Signature: _____

Date: _____

Security Coordinator Signature: _____

Date: _____

By signing my name as the Security Coordinator I agree to all the above terms and conditions.